Onco-nephrology in Transplant Care: Patient’s Voice and Call for Awareness and Action

By Brittany Schreiber, Kevin Fowler, and Naoka Murakami

Onco-nephrology is evolving as an important subspecialty in transplant care. Britanny Schreiber (BS), a renal fellow, interviews Kevin Fowler (KF), a kidney transplant recipient, and Naoka Murakami (NM), a transplant nephrologist.

KS: Why are you interested in onco-nephrology?

KF: I received a preemptive kidney transplant in 2004, and due to chronic immunosuppression, I have had several episodes of cancer. Fortunately, all of the episodes were successfully resolved, but the pathway to treatment success has not always been clear. For example, when I was diagnosed with prostate cancer, I had to navigate a landscape where I felt alone. I received conflicting medical opinions on the best treatment option. Eventually, my radiation oncologist recommended that I watch and wait. I was not satisfied with this direction, and I asked my radiation oncologist to take my case to a multidisciplinary tumor board for discussion. After reviewing my case, the tumor board unanimously recommended treatment over watchful waiting.

The next challenge was determining the best treatment option for me. Eventually, a former colleague and friend, who was a transplant nephrologist, guided me to the best treatment option. This was accomplished by utilizing data derived from the Israel Penn International Transplant Tumor Registry. If I had been aware of onco-nephrologists, who are skilled at managing cases like mine, I am confident that my process would have gone a lot smoother with reduced anxiety.

BS: What is transplant onco-nephrology, and what is the future of the field?

NM: Transplant onco-nephrology is a field that bridges the care between transplant nephrology and oncology. There are two focus areas (Figure 1):

1. Pre-transplant evaluation for patients with a cancer history (e.g., multiple myeloma and other plasma cell dyscrasias) and
2. Post-transplant cancer prevention and care for transplant recipients receiving cancer therapies (e.g., immunotherapy and cell therapies).

As the population ages, and cancer therapies continue to improve, cancer history is becoming more common in transplant candidates. Although the American Society of Transplantation provides waitlist guidelines for those with a history of cancer (1, 2), challenges remain to provide transplant opportunities for certain patients. Kidney transplant recipients are also at a higher risk of cancer. Although the transplant field has made progress in improving cardiovascular outcomes (3), better cancer care remains a great unmet need with much opportunity for improvement. Kevin’s experience highlights the lack of data in this field and is a call to action for us to further research, raise awareness, and educate our colleagues and trainees on the risks and challenges of cancer in our patients.

In the future, transplant onco-nephrologists can help increase access to transplant and improve strategies for posttransplant cancer prevention, diagnosis, and treatment, with the ultimate goal of reducing the cancer burden.

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References